#### **GENERAL INFORMATION**

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right-hand corner of the worksheet.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.

You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.

**FOR ELECTRONIC FORMATS ONLY:** If you submit this form to the regional center as an email attachment or on a CD ROM use the following naming standard: Each file must start with the designation of "H" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: H372-JA04 is Form DS 1970 SEP-IP for provider ID# 372 for January 2004.

#### **PROVIDER INSTRUCTIONS:**

*Provider Name:* Enter the name of the agency as vendored by the regional center.

DDS Provider #: Enter the vendor number assigned to the agency by the regional center.

DOR Facility #: Enter the facility's numeric code assigned by the Department of Rehabilitation.

Doing Business As: Enter a name if the provider uses one different than the name the regional center vendorized for habilitation services.

Service Codes Vendored to Provide: Enter each service code for which the provider will be providing services.

*Program Address:* Enter the address where the program is being conducted. (May be different from business/administrative address.)

*Program Contact Person:* Enter the program contact person's name.

*Program Phone Number:* Enter the program's telephone number. Enter telephone number as XXX XXX-XXXX.

### Administrative Information (If different from above)

Administrative Address: Enter the address from where the program is being administered.

Administrative Contact Person: Enter the program administrative contact person's name.

Administrative Phone: Enter the program's administrative telephone number. Enter telephone number as XXX XXX-XXXX.

Administrative E-mail: Enter the program's administrative electronic mail address.

#### **Accreditation/Certification Information:**

DOR Certification Expiration Date (if applicable): Enter the date that the Department of Rehabilitation's certification expires.

CARF Accreditation Expiration Date (if applicable): Enter the date the program's CARF accreditation expires.

Length of Last CARF Accreditation: Enter in years the amount of time the program has been accreditated. (I.e., 1 year or 3 years.)

## **SEP Individual Placement SPECIFIC INFORMATION**

*Vendoring Regional Center:* Enter the Abbreviation for the regional center (see attached list) which authorized services for the consumer.

*Utilizing Regional Centers (list all):* Enter the abbreviation for all regional centers (see attached list) which are utilizing services for the consumer.

Utilizing DOR Districts (list all): Enter the numerical code for DOR districts.

Current Number of Job Developers on Staff: Enter the number of job developers employed by program.

Current Number of Job Coaches on Staff: Enter the number of job coaches employed by program.

#### **Consumer Data:**

Total Number of Consumers Currently Receiving Job Coaching Support: Enter the number of Number of Groups: Enter the number of groups in the program.

*Number of Consumers Currently Receiving Job Coaching Support:* Enter the number of consumers receiving job coaching for the program.

Habilitation (Extended Svs): Number of consumers receiving job coaching support funding for Extended Services in the program.

Habilitation (Intensive Svs): Number of consumers receiving job coaching support funding for Habilitation (Intensive Services) because the DOR is under Order of Selection.

Number of Consumers Funded by VR (last 12 months) for: Enter the number of consumers funded by vocational rehabilitation in the last 12 months for the program in the three areas listed below:

Intake: Number of consumers processed to start the program.

Rentention: Number of consumers sustaining their job for 90 days.

*Placement (Job Development):* Number of consumers waiting for placement in the program as of the date completed.

*Number of Consumers in Job Development:* Enter the number of consumers receiving job development in the program.

Average Consumer Hours Worked per Month: Enter the average number of hours the aggregate of consumers work per month in the program.

Average Consumer Wage/Hour: Enter the average wage per hour for the aggregate of consumers in the program.

Percentage of Consumers Receiving Benefits: Enter the percentage of consumers receiving benefits in the program.

Benefits Provided: Enter an "x" in the box reflecting any benefits the consumer will be receiving while working at the worksite. (I.e., Vacation, medical, dental, sick, or other. If other describe the benefit in the brief narrative box.

*Provide a brief narrative* of the program's philosophy and services provided to help consumers maximize their vocational skills. (Self Explanatory)

Regional Center ID #:			
	Code ABBRV RC NAME		RC NAME
	360	FDLRC	Frank D. Lanterman Regional Center
	361	GGRC	Golden Gate Regional Center
	362	SDRC	San Diego Regional Center
	363	FNRC	Far Northern Regional Center
	364	ACRC	Alta California Regional Center

1070 GEI II MOLIGOLIO		
365	SARC	San Andreas Regional Center
366	TCRC	Tri-Counties Regional Center
367	CVRC	Central Valley Regional Center
368	RCOC	Regional Center of Orange County
369	IRC	Inland Regional Center
370	RCRC	Redwood Coast Regional Center
371	NBRC	North Bay Regional Center
372	KRC	Kern Regional Center
373	ELARC	East Los Angeles Regional Center
374	SCLARC	South Central Los Angeles Regional
375	HRC	Harbor Regional Center
376	WRC	Westside Regional Center
377	VMRC	Valley Mountain Regional Center
378	NLACRC	North Los Angeles County Regional Center
379	SGPRC	San Gabriel/Pomona Regional Center
380	RCEB	Regional Center of the East Bay

# DOR Vocational Rehabilitation (VR) ID #:

2218 VR DOR Vocational Rehabilitation

130-05

130-13

Department of Rehabilitation Districts		
Director's Office	001	

Employee Prep Services North Division		061
Santa Rosa		110
	Ukiah	110-01
	Napa	110-02
	Cresent City	110-03
	San Rafael	110-04
	Eureka	110-05
	Lakeport	110-06
Chico		120
	Woodland	120-01
	Redding	120-02
	Yreka	120-03
	Yuba City	120-04
	Susanville	120-05
	Grass Valley	120-06
	Red Bluff	120-07
Modoc		120-08
Sacramento		130
	South Lake Tahoe	130-01
	Northeast	130-02
	South Sacramento	130-03
	Auburn	130-04

Placerville

Roseville

Employee Prep Services South Division		031
Inland Er	340	
	Corona	340-01
	Hemet	340-02
	El Centro	340-03
	Palm Desert	340-04
	Blythe	340-05
	Temecula	340-07
	San Bernardino	340-08
	Upland	340-09
	Fontana	340-10
	Victorville	340-11
San Dieg		350
	Downtown	350-01
	North City Inland	350-02
	North City Coastal	350-03
	East City	350-04
	South City	350-05
Laguna Hills		350-08
Van Nuys/Foothill		410
	Canoga Park	410-01
	Glendale	410-02
	Granada Hills	410-03
	Pasadena	410-04

Elk Grove	130-15
Midtown	130-16

Santa Clarita 410-05 Lancaster 410-06

Fresno		150
	Merced	150-01
	Visalia	150-04
	Bakersfield SW	150-07
	Central Bakersfield	150-08
	University/Clovis	150-09
	Ridgecrest	150-10

Mt. Diablo Delta	210
Antioch	210-01
Richmon	d 210-02
Fairfield	210-03
Vallejo	210-04
Stockton	210-05
Modesto	210-06
Sonora	210-07

Oakland		220
	Fremont	220-01
	Hayward	220-02
	Berkeley	220-03

San Francisco	230
Menlo Park	230-02
San Bruno	230-03
San Mateo	230-04

San Jose	250
Mountain View	250-03
Salinas	250-04
Capitola	250-05
Monterey	250-06
Gilroy	250-09
Peidmont Hills	250-10

Santa Barbara	320
Thousands Oaks	320-01
Oxnard-Ventura	320-02
Santa Maria	320-03
San Luis Obispo	320-04

Greater L	440	
	Santa Monica	440-02
	Culver City	440-03
	Westchester	440-04
	City of Commerce	440-05
	City of Los Angeles	440-06
	East Los Angeles	440-07
	Norwalk	440-08

Los Ange	530	
	Bay Cities	530-01
	Crenshaw-West Adams	530-02
	Gardena	530-03
	Bell	530-09
	Carson	530-10
	Compton	530-11
	Long Beach	530-12

Orange/S	550	
	Santa Ana	550-01
	El Monte	550-07
	Whittier	550-09
	West Covina	550-10
	Fountain Valley	550-11

Month Designations:									
January	JA	April	AP	July	JL	October	OC		
February	FE	May	MY	August	AG	November	NO		
March	MR	June	JN	September	SE	December	DE		